

**2010-2011 School Year  
Indiana State Department of Health (ISDH)  
School Immunization Requirements  
Quick Reference Guide<sup>^</sup>**

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>DTaP/DTP/DT/Td*</b>	4	5	5	5	5	5	5	5	5	5	5	5	5	5
<b>Polio**</b>	3	4***	4	4	4	4	4	4	4	4	4	4	4	4
<b>Measles</b>	1	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Mumps</b>	1	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Rubella</b>	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Hepatitis B~</b>	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<b>Varicella ∞</b>	2	2	1	1	1	1	1	2	2	2	2	2	2	2
<b>Tdap</b>	-	-	-	-	-	-	-	1	1	1	1	1	1	1
<b>MCV4</b>	-	-	-	-	-	-	-	1	1	1	1	1	1	1

<sup>^</sup> ***Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.***

For children who have delayed immunizations, please refer to the 2010 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm).

\*Four doses of DTaP/DTP/DT are acceptable if 4<sup>th</sup> dose was administered on or after child’s fourth birthday.

\*\*Three doses of polio vaccine are acceptable if 3<sup>rd</sup> dose was administered on or after child’s fourth birthday and the doses are all IPV or all OPV.

\*\*\*The 4<sup>th</sup> dose of polio vaccine must be administered on or after child’s fourth birthday. This applies only to kindergarten for 2010-2011.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1<sup>st</sup> grade-students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12.

**Required educational materials to be distributed:**

- Grades 1-12: Meningococcal Parent Letter with Meningococcal Fact Sheet
- 6<sup>th</sup> Grade (*Parents of 6<sup>th</sup> grade girls*): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.

**Recommended educational materials to be distributed:**

- Grades 6-12: Pertussis Parent Letter with Pertussis Fact Sheet